

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Condie et al.
TITLE: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT MYOCARDIAL ISCHEMIA WITHIN THE PATIENT

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231
*EXPRESS No. EL 799 066 295 US, on this 31st day of August, 2001

Sue McCoy

Printed Name

Signature

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
X Specification:
Total pages: 50 (including claims and abstract: Spec. 35 sheets; Claims 14 sheets; Abstract 1
X Drawings:

Total sheets: 21
☐ formal ☒ informal

☒ Combined Declaration and Power of Attorney: (UNEXECUTED)

- ☐ newly executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

X Accompanying application parts:

- ☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____
☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.
☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
☐ The prior application is assigned of record to Medtronic, Inc.
☐ The Power of Attorney in the prior application is to: _____

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.


☒ Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
phone: (763)514-6402

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	78	20	= 58	x 18	1044
Independent Claims	9	3	= 6	x 80	480
Multiple Dependent Claims	0		0	+ 270	0
Basic Filing Fee					710
TOTAL					2234

Charge Deposit Account No. 13-2546 the sum of \$2234.00 (Filing Fee) for a total of **\$2234.00**.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

08/31/01
Date


Girma Wolde-Michael, Reg. No. 36,724
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (763) 514-6402

08/31/01 "08:30" 08:30